PTO/SB/06 (07-06)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Filing Date 10/597.902 08/11/2006 To be Mailed Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) OP FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) □ BASIC FEE N/A N/A NI/A N/A SEARCH FEE N/A N/A N/A N/A EXAMINATION FFF NI/A NI/A NI/A NI/A (37 CFR 1.16(a), (p), or (q TOTAL CLAIMS OR minus 20 = X \$ X \$ INDEPENDENT CLAIMS × 5 = × s minus 3 = If the specification and drawings exceed 100 sheets of paper, the application size fee due PAPPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL ΤΩΤΑΙ APPLICATION AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDITIONAL ADDITIONAL 05/19/2009 RATE (\$) RATE (\$) AFTER PREVIOUSLY EXTRA FEE (\$) FEE (\$) MENDMENT AMENDMENT PAID FOR Total (37 CFR · 28 Minus ** 37 = 0 Y 6 OR X S52= 14 Minus --- 19 = 0 x s OR X 5220= Λ = Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR n ADD'L OR ADD'L FFF FFF (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT ADDITIONAL ADDITIONAL REMAINING NUMBER RATE (\$) RATE (\$) AFTER PREVIOUSLY FXTRA FFF (\$) FEE (\$) AMENDMENT PAID FOR ENDMEN Total (37 CFF Minus X \$ = OR X s Minus *** OR X S = X S Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) TOTAL TOTAL ADD'L OR ADD'L FEE FFF * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". /TIFFIANY n. TABB/ *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 38 USS. C.12 and 37 CFR 1.14. This collection is estimated to bette 12 rainutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Mexandria, VA 22313-1450.